City of Sunnyvale Housing Division

Homebuyer Program
Eligibility Application and Instructions

To apply for the City of Sunnyvale’s homebuyer programs, applicants must complete this Eligibility Application, provide all applicable documentation (NO ORIGINALS), and submit a non-refundable $50 check or money order made payable to: City of Sunnyvale. Refer to the Below Market Rate Program Guidelines for more information.

To submit a completed application with all pages, contact staff to schedule an appointment at:

City of Sunnyvale - Housing Division
456 W. Olive Avenue
Sunnyvale, CA 94087
PHONE: 408-730-7250

ELIGIBILITY APPLICATION:
ALL HOUSEHOLD MEMBERS OVER THE AGE OF 18 YEARS ARE CONSIDERED CO-APPLICANTS AND MUST BE LISTED AS CO-APPLICANTS ON THE APPLICATION AND MEET ALL ELIGIBILITY REQUIREMENTS OF THE BMR PROGRAM. ATTACH ADDITIONAL PAGES AS NEEDED.

Completed Eligibility Application (do not remove pages) must include:
✓ All applicable documentation listed on page 2 of this Eligibility Application
✓ $50 non-refundable check or money order made payable to: “City of Sunnyvale”

Authorization to Release Information
All household member(s) over the age of 18 must sign the Authorization to Release Information form.

REQUEST FOR TRANSCRIPT OF TAX RETURN – FORM 4506-T
All household member(s) over the age of 18 must completed the Request for Transcript of Tax Return.

All information provided to establish eligibility for the BMR Home Ownership Program can and will be used for monitoring, auditing, and establishing compliance with the BMR Program Requirements; otherwise, this information is confidential.

I. DOCUMENTATION CHECKLIST REQUIRED OF EACH ADULT HOUSEHOLD MEMBERS.

<table>
<thead>
<tr>
<th>INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Last THREE (3) consecutive months’ pay stubs with year-to-date gross income (may be required to submit additional copies depending on pay structure).</td>
</tr>
<tr>
<td>✓ Signed Verification of Employment Form – Completed and signed by all applicants. If one or more applicants do not work, then provide signed Affidavit of Zero Income Forms and a completed Verification of Employment Form from last employer is required.</td>
</tr>
<tr>
<td>✓ Last THREE (3) complete Tax Returns with pg 2 signed &amp; dated by applicants. Attach all Schedules and W-2s.</td>
</tr>
<tr>
<td>✓ Affidavit of Zero Income (To be filled out by any adult that does not receive income.)</td>
</tr>
<tr>
<td>✓ Pension / VA / Retirement / Annuity Verification Statement</td>
</tr>
<tr>
<td>✓ Disability / Social Security / Unemployment Annual Award Statement/Letter.</td>
</tr>
<tr>
<td>✓ Dividends and Interest: Last THREE (3) statements (all pages).</td>
</tr>
<tr>
<td>✓ Recurring Contributions / Spousal / Child Support – Provide supportable documentation and/or Final Divorce Decree.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ASSETS</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ All Checking Accounts: Last SIX (6) statements (all pages).</td>
</tr>
<tr>
<td>✓ All Savings Accounts: Last SIX (6) statements (all pages).</td>
</tr>
<tr>
<td>✓ Mutual Funds / Money Market Funds / Certificates of Deposit (CD): Last THREE (3) statements (all pages).</td>
</tr>
<tr>
<td>✓ Stocks: Copy of Certificate of Proof of Purchase, current statement, and documentation of current value.</td>
</tr>
<tr>
<td>✓ Bonds: Provide list of Bonds with amount and serial #.</td>
</tr>
<tr>
<td>✓ Real Estate Property / Mobile Home: Loan statement, letter from licensed broker or bank estimating market value, dated within SIX (6) months of application submittal.</td>
</tr>
<tr>
<td>✓ Profit Sharing Plan / IRA / 401K / PERS / TSP or other retirement accounts: Last TWO (2) statements (all pages).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHER REQUIRED DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Pre-Qualification Letter from a Qualified Participating Lender issued to Head of Household/Co-Applicants.</td>
</tr>
<tr>
<td>✓ Driver’s License or California ID for all applicants.</td>
</tr>
<tr>
<td>✓ Current Lease Agreement showing all applicant names.</td>
</tr>
<tr>
<td>✓ PG&amp;E statement, page 1, if live in Sunnyvale.</td>
</tr>
<tr>
<td>✓ HUD-Certified Homebuyer Education Workshop Certificate for all applicants (Provide receipt for schedule class).</td>
</tr>
<tr>
<td>✓ Credit Report with FICO Score for all applicants (no more than 30 days old).</td>
</tr>
<tr>
<td>✓ Nationwide Criminal Background Check Report (less than 30 days old) for each adult applicant in the household from either agency:</td>
</tr>
<tr>
<td>✓ Intelius: <a href="https://www.intelius.com/criminal-records.html">https://www.intelius.com/criminal-records.html</a></td>
</tr>
<tr>
<td>✓ Gift Letter: If needed, provide signed gift letter and bank statement showing proof of funds from person gifting.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CITIZENSHIP – Provide one (1) for each household member</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Copy of United States Birth Certificate</td>
</tr>
<tr>
<td>✓ Copy of Naturalization Certificate or Valid United States Passport</td>
</tr>
<tr>
<td>✓ United States Permanent Resident Card (Green Card) or USCIS Form I-551 or I-151</td>
</tr>
</tbody>
</table>
# APPLICANT INFORMATION

## APPLICANT

<table>
<thead>
<tr>
<th>NAME: Last, First MI</th>
<th>CONTACT PHONE:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(______) _______ - _________</td>
</tr>
</tbody>
</table>

- [ ] Married
- [ ] Single
- [ ] Divorced

**If Married, name of spouse:** _______________________________________

<table>
<thead>
<tr>
<th>DATE OF BIRTH (mm/dd/yyyy):</th>
<th>SOCIAL SECURITY NUMBER:</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____ / _____ / __________</td>
<td>_____ - _____ - __________</td>
</tr>
</tbody>
</table>

**California Driver’s License or ID #:**

**EMAIL:**

## PRESENT ADDRESS

<table>
<thead>
<tr>
<th>Street:</th>
<th>City, Zip:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- [ ] Own
- [ ] Rent

**# Years or months at this address:**

## IF RESIDING AT PRESENT ADDRESS FOR LESS THAN THREE (3) YEARS, LIST PREVIOUS ADDRESS:

<table>
<thead>
<tr>
<th>FORMER ADDRESS</th>
<th>RESIDENCY</th>
<th>OWN / RENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Begin</td>
<td>End</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## APPLICANT EMPLOYMENT

**If not employed, provide source of income:**

Provide additional employment or sources of income you have:

**Name and Address of Employer**

- [ ] Self Employed

**Name and Address of Employer**

- [ ] Self Employed

**Employer Phone**

- [ ] (______) _______ - _________

<table>
<thead>
<tr>
<th>Dates of Employment (from - To)</th>
<th>Gross Annual Income $</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____ / _____ - _____ / _____</td>
<td>$ _________________</td>
</tr>
</tbody>
</table>

**Dates of Employment (from - To)**

**Gross Annual Income $ _________________**

- [ ] Weekly
- [ ] Every Other Week
- [ ] Twice a Month
- [ ] Other

**Income from this source is received (select one):**

- [ ] Weekly
- [ ] Every Other Week
- [ ] Twice a Month
- [ ] Other

**Income from this source is received (select one):**
II. **HOUSEHOLD COMPOSITION**

**HOUSEHOLD SIZE:** __________

LIST ALL HOUSEHOLD MEMBERS LIVING IN THE HOME:

<table>
<thead>
<tr>
<th>NAME</th>
<th>Date of Birth / Gender</th>
<th>RELATIONSHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Applicant</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Co-Applicant #1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** PROVIDE THE FOLLOWING INFORMATION FOR EACH HOUSEHOLD MEMBER OVER THE AGE OF 18. ATTACH ADDITIONAL PAGES AS NECESSARY.

**CO-APPLICANT #1**

<table>
<thead>
<tr>
<th>NAME: Last, First MI</th>
<th>CONTACT PHONE:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(_____) _______ - _______</td>
</tr>
</tbody>
</table>

☐ Married  ☐ Single  ☐ Divorced

If Married, name of spouse: ________________________________

DATE OF BIRTH (mm/dd/yyyy): ______/______/__________

SOCIAL SECURITY NUMBER: ______________ - ______________

RELATIONSHIP TO APPLICANT: ____________________

CA DRIVERS LICENSE # or ID:

EMAIL:

PRESENT ADDRESS

Street: ___________________________________________ City, Zip: _____________________________

( ) Own  ( ) Rent  ( ) # Years or months at this address

**CO-APPLICANT #1 EMPLOYMENT**

If not employed provide name & address of previous employer & date employed: ________________________________

Provide additional employment and/or sources of income you have: ________________________________

<table>
<thead>
<tr>
<th>Name and Address of Employer</th>
<th>( ) Self Employed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name and Address of Employer</td>
<td>( ) Self Employed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employer Phone (_______) _______ - _______</th>
<th>Employer Phone (_______) _______ - _______</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Dates of Employment (from - To)</th>
<th>Gross Annual Income</th>
</tr>
</thead>
<tbody>
<tr>
<td><em><strong><strong>/</strong></strong></em>/_______ - <em><strong><strong>/</strong></strong></em>/_______ (mm/dd/yyyy)</td>
<td>$</td>
</tr>
</tbody>
</table>

Income from this source is received (select one): ( ) Weekly  ( ) Every Other Week  ( ) Twice a Month  ( ) Other

<table>
<thead>
<tr>
<th>Dates of Employment (from - To)</th>
<th>Gross Annual Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>_______________________________</td>
<td>$__________________</td>
</tr>
</tbody>
</table>

Income from this source is received (select one): ( ) Weekly  ( ) Every Other Week  ( ) Twice a Month  ( ) Other

June 8, 2016
CO-APPLICANT #2 □ Check here if claimed as dependent on the Federal Income Tax Return of Applicant

NAME: Last, First MI

CONTACT PHONE:
(_____) _______ - _______

□ Married  □ Single  □ Divorced

If Married, name of spouse: _____________________________________________

DATE OF BIRTH (mm/dd/yyyy):
__/______/__________

SOCIAL SECURITY NUMBER: ________ - ________ - ________

RELATIONSHIP TO APPLICANT: ______________________

CA DRIVERS LICENSE # or ID: ____________________________________

EMAIL: _______________________________________________________

PRESENT ADDRESS

Street: __________________________ City, Zip: _______________________

( ) Own  ( ) Rent  ( ) # Years or months at this address

CO-APPLICANT #2 EMPLOYMENT

If not employed provide name & address of previous employer & date employed: ________________________________

Provide additional employment and/or sources of income you have: ______________________________

Name and Address of Employer ( ) Self Employed

Name and Address of Employer ( ) Self Employed

Employer Phone (_________) _________ - _________

Employer Phone (_________) _________ - _________

Dates of Employment (from - To)

Gross Annual Income

_____/_____/______ - ____/____/______

$ _________

_____/_____/______ - ____/____/______

Gross Annual Income

$ _________

Income from this source is received (select one): ( ) Weekly  ( ) Every Other Week  ( ) Twice a Month  ( ) Other

Income from this source is received (select one): ( ) Weekly  ( ) Every Other Week  ( ) Twice a Month  ( ) Other

June 8, 2016  Page 5 of 16
**CO-APPLICANT #3**  
☐ Check here if claimed as dependent on the Federal Income Tax Return of Applicant

<table>
<thead>
<tr>
<th>NAME: Last, First MI</th>
<th>CONTACT PHONE:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(___) _______ - _________</td>
</tr>
</tbody>
</table>

☐ Married  ☐ Single  ☐ Divorced

*If Married, name of spouse: ________________________________*

<table>
<thead>
<tr>
<th>DATE OF BIRTH (mm/dd/yyyy):</th>
<th>SOCIAL SECURITY NUMBER:</th>
</tr>
</thead>
<tbody>
<tr>
<td><em><strong>/</strong></em>/_________</td>
<td><em><strong>-</strong></em>-______________</td>
</tr>
</tbody>
</table>

RELATIONSHIP TO APPLICANT: ________________________________

EMAIL: ________________________________________________

PRESENT ADDRESS

Street: ________________________________________________  
City, Zip: ________________________________________________

( ) Own  ( ) Rent  ( ) # Years or months at this address

---

**CO-APPLICANT #3 EMPLOYMENT**

If not employed provide name & address of previous employer & date employed: ________________________________

Provide additional employment and/or sources of income you have: ________________________________

<table>
<thead>
<tr>
<th>Name and Address of Employer</th>
<th>( ) Self Employed</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name and Address of Employer</th>
<th>( ) Self Employed</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Employer Phone (_______) ________ - ____________</th>
<th>Employer Phone (_______) ________ - ____________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Dates of Employment (from - To)</th>
<th>Gross Annual Income</th>
</tr>
</thead>
<tbody>
<tr>
<td><em><strong>/</strong></em>/____ - <em><strong>/</strong></em>/____</td>
<td>$ ________________</td>
</tr>
</tbody>
</table>

(mm/dd/yyyy)                               (mm/dd/yyyy)

Income from this source is received (select one):
( ) Weekly  ( ) Every Other Week  ( ) Twice a Month  ( ) Other

Income from this source is received (select one):
( ) Weekly  ( ) Every Other Week  ( ) Twice a Month  ( ) Other

---

ATTACH ADDITIONAL PAGES IF NEEDED
III. INCOME AND ASSETS

LIST THE GROSS ANNUAL INCOME of all household members 18 years of age and older. ATTACH ADDITIONAL PAGES AS NEEDED.

<table>
<thead>
<tr>
<th>INCOME SOURCE</th>
<th>APPLICANT</th>
<th>CO-APPLICANT #1</th>
<th>CO-APPLICANT #2</th>
<th>CO-APPLICANT #3</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages, Salaries, Tips, etc.</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Business Income</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Interest &amp; Dividend Income</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Retirement &amp; Insurance</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Unemployment &amp; Disability</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Welfare Assistance</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Alimony, Child Support &amp; Regular Gift Income</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Armed Forces Income</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other (i.e. regular monthly support from a non-household member)</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

LIST THE CASH VALUE OF ASSETS for all household members 18 years of age and older. ATTACH ADDITIONAL PAGES AS NEEDED.

<table>
<thead>
<tr>
<th>Applicant/Co-applicant Name</th>
<th>Name of Bank</th>
<th>Type</th>
<th>Account #: (Last 4 digits only)</th>
<th>Ending Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>CASH VALUE OF REVOCABLE TRUST</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CASH VALUE OF STOCKS/STOCK OPTIONS/BONDS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Applicant/Co-applicant Name</th>
<th>Name of Institution(s)</th>
<th>Account #: (Last 4 digits only)</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>
### Cash Value of Mutual Funds/Money Market/Retirement Accounts

<table>
<thead>
<tr>
<th>Applicant/Co-applicant Name</th>
<th>Name of Institution(s)</th>
<th>Account #: (Last 4 digits only)</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EQUITY IN COMMERCIAL, INDUSTRIAL, OR REAL PROPERTY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LUMP SUM OR ONE-TIME RECEIPTS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHER PERSONAL ASSETS WITH VALUE GREATER THAN $5,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GIFT LETTER AMOUNT - Attach Letter and bank statement of proof of funds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RETIREMENT FUNDS AMOUNT TO BE USED – Attach withdraw process paperwork showing total amount allowed to be withdrawn and terms of the amount of repayment.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CASH ON HAND/OTHER Please Describe</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applicant/Co-applicant Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL OF ALL ASSET SOURCES LISTED ABOVE:** $

### IV. Down Payment Assistance

**HOW MUCH OF YOUR ASSETS WILL BE FOR THE DOWN PAYMENT:** $______________

### V. Liabilities and Household Expenses

(Include installments, auto, and credit card payments)

Attach additional pages as needed.

<table>
<thead>
<tr>
<th>APPLICANT/CO-APPLICANT NAME</th>
<th>CREDITOR NAME Acct # (last 4-digits):</th>
<th>TYPE OF ACCOUNT</th>
<th>MONTHLY PAYMENT</th>
<th>BALANCE DUE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Credit Card / Auto</td>
<td>$ # Pmts: ____</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Credit Card / Auto</td>
<td>$ # Pmts: ____</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Credit Card / Auto</td>
<td>$ # Pmts: ____</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Credit Card / Auto</td>
<td>$ # Pmts: ____</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

List additional liabilities and other regular expenses including but not limited to alimony, child support, judgments, child care, union dues, student loans, car loans, rent, or medical expenses on behalf of dependents.

<table>
<thead>
<tr>
<th>OTHER EXPENSES</th>
<th>MONTHLY PAYMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Loans</td>
<td>$</td>
</tr>
<tr>
<td>Other (installment loans)</td>
<td>$</td>
</tr>
</tbody>
</table>
PLEASE ANSWER THE FOLLOWING QUESTIONS

Have you or any member of your household ever filed for bankruptcy (Chapter 7 or Chapter 13)? If yes, please state the year of discharge: ( ) YES ( ) NO

Are there any outstanding judgments against you or any member of your household? ( ) YES ( ) NO

Have you or any member of your household been foreclosed on in the past 3 years? ( ) YES ( ) NO

Have you or any member of your household owned real property at any time during the past 3 years? ( ) YES ( ) NO

You are not required to furnish the following information, but are encouraged to do so. For race, you may check more than one designation.

1. Ethnicity
   ☐ Hispanic or Latino
   ☐ Not Hispanic or Latino

2. Race
   ☐ American Indian & Alaskan Native
   ☐ American Indian/Alaskan Native & Black/African American
   ☐ American Indian/Alaskan Native & White
   ☐ Asian
   ☐ Asian & White
   ☐ Black/African American
   ☐ Black/African American & White
   ☐ Native Hawaiian or Other Pacific Islander
   ☐ Other Multi-Racial
   ☐ White

VI. CERTIFICATION

Initials required by all household members over the age of 18:

1/WE UNDERSTAND THAT:

__/__/__/__ Any and all information provided will be used to determine eligibility for the City of Sunnyvale homebuyer programs and all information contained in the records kept by the city can and will be used for monitoring, auditing and establishing my/our eligibility for the City of Sunnyvale’s affordable housing programs; otherwise this information is confidential.

__/__/__/__ If my/our application contains false statements, false or falsified documentation, or misrepresentations, I/we understand we will be ineligible for the City of Sunnyvale’s affordable housing programs.

__/__/__/__ If I/we obtain assistance for the City of Sunnyvale’s affordable housing programs, I/we will be required to certify at least annually that I/we comply with program requirements and that the City of Sunnyvale will be continuously auditing and monitoring my/our compliance with the program.

1/WE CERTIFY THE FOLLOWING:

__/__/__/__ That I/we have provided true, accurate and verifiable documentation to support the statements made herein prior to receive assistance from the City of Sunnyvale for the purchase of a home and that the information provided in this eligibility application is true and correct.

__/__/__/__ That my/our combined household income and assets are below the maximum household income for the program.

__/__/__/__ That I/we have funds needed for the down payment and closing costs.

__/__/__/__ That I/we will continuously occupy our home as primary residence for the duration of the Program loan term, or if receiving down payment assistance loan, until the loan is fully repaid.

__/__/__/__ That I/we understand the program requirements and restrictions.

__/__/__/__ That I/we understand that there are consequences for failure to comply with program requirements before, during, and after purchasing a unit with financial assistance from the City of Sunnyvale and I/we have been informed about those consequences.
READ BEFORE SIGNING

I certify that the information given on this form is true and accurate to the best of my knowledge. I certify that I have no additional income or assets and there are no persons living in or contributing to my household other than those described here. I am aware that there are penalties for willfully and knowingly giving false information on an application for Federal, State or Local funds.

I understand that the information on this form is subject to verification. Penalties for falsifying information may include denial to participate in the City of Sunnyvale’s affordable housing programs, or if made evident after loan funding, immediate repayment of all funds received, sale of below market rate home, and/or prosecution under the law.

I declare under penalty of perjury of the laws of the State of California that the foregoing is true and correct and was executed in _____________________ (City), California.

DATED: __/__/____ APPLICANT ________________________________

DATED: __/__/____ CO-APPLICANT #1 ________________________________

DATED: __/__/____ CO-APPLICANT #2 ________________________________

DATED: __/__/____ CO-APPLICANT #3 ________________________________

Attach additional pages as needed.
ACKNOWLEDGEMENT AND AUTHORIZATION TO RELEASE INFORMATION

I/We are hereby applying to purchase a Below Market Rate (BMR) home through the City of Sunnyvale BMR Program and/or for a City of Sunnyvale First Time Home Buyer Loan. By submitting my/our application, I/we agree that the City of Sunnyvale may verify information contained in my/our application and in any other documents required in connection with the purchase, either before or after the transaction has closed, in order to verify my/our eligibility for the program, whether to determine my/our eligibility, or to complete the processing, approval and underwriting of my/our purchase of a BMR home and/or a First Time Home Buyer Loan.

I/We authorize you to provide to the City of Sunnyvale any and all information and documentation that the City requests and further authorize the City of Sunnyvale to provide any such information and documentation to its designated employees. Such information includes, but is not limited to the following types of information for all members of my/our household:

- current place of employment and employment history;
- verification of all sources of income and compensation, including self-employment or business income, gifts, pensions, alimony, child support, regular gifts or support, or public benefits; and
- verification of assets and the value of such assets including real property, checking, savings, investment, and brokerage accounts; and
- mortgage or consumer loan status and payment history, credit history, credit card records;
- Driver’s License and automobile registration records or other records of the Department of Motor Vehicles; and
- copies of federal and state income taxes, and other tax filings and records of the IRS, Franchise Tax Board, or any other state or local taxing entity; and
- Social Security statements or benefits; and
- unemployment or disability benefits statements.

Therefore, I/we authorize the release of any of the information described below and any other information related to determining my/our household income, assets, places of employment and primary residency, upon request of the Housing Division of the City of Sunnyvale.

Additionally, I/we give my/our consent to have the City of Sunnyvale verify the full-time student status and disability status, and the primary residence address of each of the undersigned members of my/our household, and all state, federal and local tax records filed by any of the undersigned adults and/or any business entities they may own.

I/We understand that this information will be kept confidential and is being requested for the purpose of determining my/our eligibility for housing assistance from the City of Sunnyvale, and that ALL household members 18 years or older must sign this consent form.

I/We acknowledge that this form expires 12 months after signed and a copy of this Authorization may be photocopied and accepted as an original.
I/We the undersigned and hereby authorize the City of Sunnyvale to request copies of any and all information about my/our income, assets, employment, credit report, etc. for the purpose of verification of information provided on my/our application to purchase a BMR home through the City of Sunnyvale BMR Program and/or City of Sunnyvale First Time Home Buyer Loan.

Applicant Signature: ____________________________ Date: ____________
Print Full Name: ____________________________ Phone: ____________
Social Security #: ____________________________ Date of Birth: ____________
CA Driver License or ID #: ____________________________ Expiration Date: ____________
Current Address: __________________________________________________________________

Co-Applicant #1 Signature: ____________________________ Date: ____________
Print Full Name: ____________________________ Phone: ____________
Social Security #: ____________________________ Date of Birth: ____________
CA Driver License or ID #: ____________________________ Expiration Date: ____________
Current Address: __________________________________________________________________

Co-Applicant #2 Signature: ____________________________ Date: ____________
Print Full Name: ____________________________ Phone: ____________
Social Security #: ____________________________ Date of Birth: ____________
CA Driver License or ID #: ____________________________ Expiration Date: ____________
Current Address: __________________________________________________________________

Co-Applicant #3 Signature: ____________________________ Date: ____________
Print Full Name: ____________________________ Phone: ____________
Social Security #: ____________________________ Date of Birth: ____________
CA Driver License or ID #: ____________________________ Expiration Date: ____________
Current Address: __________________________________________________________________

ATTACH ADDITIONAL PAGES IF NEEDED
EMPLOYMENT VERIFICATION

Please return this form to City of Sunnyvale within five business days. Fax to 408-737-4906 or mail to City of Sunnyvale, Housing Division, 456 West Olive Avenue, Sunnyvale, CA 94086 (408-730-7250).

This section to be completed and executed by applicant

To: 
Name of Employer

Re: 
Name of Applicant

I hereby authorize release of my employment information.

____________________________________________________________
Signature of Applicant
Date

The individual named directly above is an applicant for a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Agent for City of Sunnyvale
Phone
Date

This section to be completed by employer

Employee Name: ____________________
Job Title: ____________________

Currently Employed: Yes [ ] Date First Employed ______________ No [ ] Last Day of Employment ______________

Current Wages/Salary: $__________ per (check one) hourly [ ] weekly [ ] bi-weekly [ ] semi-monthly [ ]

hourly [ ] weekly [ ] bi-weekly [ ] semi-monthly [ ]

Average # of regular hours per week: ______

Year-to-date earnings: $__________, through ___/___/____

Overtime Rate: $__________ per hour

Average # of overtime hours per week: ______________

Shift Differential Rate: $__________ per hour

Average # of shift differential hours per week: ______________

Commissions, bonuses, tips, other: $__________ per (check)

hourly [ ] weekly [ ] bi-weekly [ ] semi-weekly [ ]

monthly [ ] yearly [ ] other [ ]

List any anticipated change in the employee's rate of pay within the next 12 months: ______________ Effective date: _________

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): ____________________________

Additional remarks: _______________________________________________________________________________________

_______________________________________________________________________________________________________

Employer’s Signature
________________________
Employer’s Printed Name
________________________
Date
________________________

Employer’s Name and Address:

Phone # ____________________
Fax # ____________________
E-mail ____________________

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements or misrepresentations to any Department or Agency of the United States Government as to any matter within its jurisdiction.
EMPLOYMENT VERIFICATION

Please return this form to City of Sunnyvale within five business days. Fax to 408-737-4906 or mail to City of Sunnyvale, Housing Division 456 West Olive Avenue, Sunnyvale, CA 94086 (408-730-7250).

TO: 
NAME OF EMPLOYER

NAME OF DEPT. OR PERSON TO CONTACT w/Phone #

RE: 
NAME OF APPLICANT

FAX NUMBER OF DEPT. OR PERSON TO CONTACT

I hereby authorize release of my employment information.

________________________________
Signature of Applicant

Date

The individual named directly above is an applicant for a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

________________________________________________________________

________________________________________________________________

Agent for City of Sunnyvale

Phone

Date

THIS SECTION TO BE COMPLETED AND EXECUTED BY APPLICANT

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: ____________________________________________

Job Title: __________________________________

Currently Employed:   Yes □  Date First Employed ___________  No □  Last Day of Employment ___________

Current Wages/Salary: $___________ per (check one)  [ ] hourly  [ ] weekly  [ ] bi-weekly  [ ] semi-monthly

[ ] monthly  [ ] yearly  [ ] other ______________________

Average # of regular hours per week: ______

Year-to-date earnings: $___________, through ___/___/____

Overtime Rate: $___________ per hour

Average # of overtime hours per week: ___________

Shift Differential Rate: $___________ per hour

Average # of shift differential hours per week: ___________

Commissions, bonuses, tips, other: $___________ per (check)  [ ] hourly  [ ] weekly  [ ] bi-weekly  [ ] semi-weekly

[ ] monthly  [ ] yearly  [ ] other ______________________

List any anticipated change in the employee's rate of pay within the next 12 months: ______________ Effective date: ___________

If the employee's work is seasonal or sporadic, please indicate the layoff period(s):_____________________________

Additional remarks: _______________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

Employer's Signature ____________________________  Employer's Printed Name ____________________________  Date ___________

Employer’s Name and Address: ____________________________  ____________________________  ____________________________

Phone # ____________________________  Fax # ____________________________  E-mail ____________________________

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements or misrepresentations to any Department or Agency of the United States Government as to any matter within its jurisdiction.
AFFIDAVIT OF ZERO INCOME

To be completed by any adult household members with zero income.

1. I do not receive any income from any of the following sources:
   a. Wages from employment (including commissions, tips, bonuses, fees, etc.).
   b. Income from operation of a business.
   c. Rental income from real or personal property.
   d. Interest or dividends from assets.
   e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits.
   f. Unemployment or disability payments;
   g. Public assistance payments.
   h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household.
   i. Sales from self-employed resources.
   j. Any other source not named above.

2. I have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

3. I am not seeking employment or benefits because:

____________________________________________________________________________

4. I will be using the following sources of funds to pay for housing and other necessities:

____________________________________________________________________________

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud.

Signature of Applicant ___________________________ Date ___________________________

Print Name ___________________________
**Request for Transcript of Tax Return**

**Do not sign this form unless all applicable lines have been completed.**

**Request may be rejected if the form is incomplete or illegible.**

**For more information about Form 4506-T, visit www.irs.gov/form4506t.**

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on “Get a Transcript...” under “Tools” or call 1-800-908-9946. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.

<table>
<thead>
<tr>
<th>1a</th>
<th>Name shown on tax return. If a joint return, enter the name shown first.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1b</td>
<td>First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)</td>
</tr>
<tr>
<td>2a</td>
<td>If a joint return, enter spouse’s name shown on tax return.</td>
</tr>
<tr>
<td>2b</td>
<td>Second social security number or individual taxpayer identification number if joint tax return</td>
</tr>
<tr>
<td>3</td>
<td>Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)</td>
</tr>
<tr>
<td>4</td>
<td>Previous address shown on the last return filed if different from line 3 (see instructions)</td>
</tr>
<tr>
<td>5</td>
<td>If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party’s name, address, and telephone number.</td>
</tr>
</tbody>
</table>

**Caution:** If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party’s authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

<table>
<thead>
<tr>
<th>6</th>
<th>Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>▶ Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days.</td>
</tr>
<tr>
<td></td>
<td>▶ Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days.</td>
</tr>
<tr>
<td></td>
<td>▶ Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days.</td>
</tr>
<tr>
<td>7</td>
<td>Verification of Nonfiling, which is proof from the IRS that you did not file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days.</td>
</tr>
<tr>
<td>8</td>
<td>Form W-2, Form 1099 series, Form 1098 series, or Form 5408 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days.</td>
</tr>
</tbody>
</table>

**Caution:** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

| 9  | Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately. |

**Caution:** Do not sign this form unless all applicable lines have been completed.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

☐ Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.

**Signature (see instructions) Date**

**Phone number of taxpayer on line 1a or 2a**

**Title (if line 1a above is a corporation, partnership, estate, or trust)**

**Spouse’s signature Date**

For Privacy Act and Paperwork Reduction Act Notice, see page 2.
Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments
For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t.

Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

General Instructions
Caution: Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on “Get a Tax Transcript...” under “Tools” or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:

<table>
<thead>
<tr>
<th>State</th>
<th>Mail or fax to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address</td>
<td>Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922</td>
</tr>
<tr>
<td>Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin</td>
<td>Internal Revenue Service RAIVS Team P.O. Box 14550 Stop 2800 F Cincinnati, OH 45250</td>
</tr>
</tbody>
</table>

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Chart for all other transcripts

If you lived in or your business was in:

<table>
<thead>
<tr>
<th>State</th>
<th>Mail or fax to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia</td>
<td>Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922</td>
</tr>
</tbody>
</table>

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requestor’s right to receive the information.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is:

Learning about the law or the form, 10 min.; Preparing the form, 12 min.; and Copying, assembling, and sending the form to the IRS, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:\n
Internal Revenue Service\nTax Forms and Publications Division\n1111 Constitution Ave. NW, IR-6526\nWashington, DC 20224\n
Do not send the form to this address. Instead, see Where to file on this page.